

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against: )

BOOTA SINGH CHAHIL, M.D. )

Case No. 800-2016-025577

Physician's & Surgeon's  
Certificate No. A52835 )

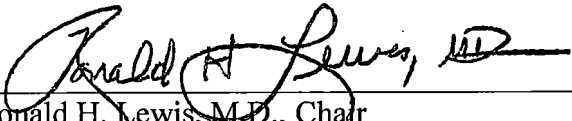
Respondent. )

**ORDER CORRECTING NUNC PRO TUNC  
PHYSICIAN'S AND SURGEON'S CERTIFICATE NUMBER**

On its own motion, the Medical Board of California (hereafter "board") finds that there is a clerical error reflecting the Physician's and Surgeon's Certificate number in the Decision in the above-entitled matter, effective September 20, 2019, and that such clerical error should be corrected.

IT IS HEREBY ORDERED that the Physician's and Surgeon's Certificate number on page number 4, paragraph A, line number 3 of the Decision in the above-entitled matter be and is hereby amended and corrected nunc pro tunc to reflect the correct number of A52835.

IT IS SO ORDERED September 20, 2019.

  
\_\_\_\_\_  
Ronald H. Lewis, M.D., Chair  
Panel A  
Medical Board of California

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation )  
Against: )**

**BOOTA SINGH CHAHIL, M.D. )**

**Case No. 800-2016-025577**

**Physician's and Surgeon's )  
Certificate No. A 52835 )**

**Respondent )**

**DECISION**

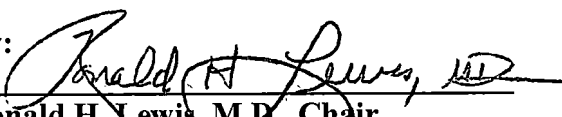
**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on September 20, 2019.**

**IT IS SO ORDERED August 23, 2019.**

**MEDICAL BOARD OF CALIFORNIA**

**By:**

  
**Ronald H. Lewis, M.D., Chair  
Panel A**

1 XAVIER BECERRA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 MEGAN R. O'CARROLL  
Deputy Attorney General  
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6 Telephone: (916) 210-7543  
Facsimile: (916) 327-2247  
7 *Attorneys for Complainant*

8  
9  
10  
11 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**  
14

15 In the Matter of the Accusation Against:

16 **BOOTA SINGH CHAHIL, M.D.**  
17 **117 N. Akers # A**  
**Visalia, CA 93291**

18 **Physician's and Surgeon's Certificate No. A**  
19 **52835**

20 Respondent.

Case No. 800-2016-025577

OAH No. 2018090187

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

21  
22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
23 entitled proceedings that the following matters are true:

24 **PARTIES**

25 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
26 of California (Board). She brought this action solely in her official capacity and is represented in  
27 this matter by Xavier Becerra, Attorney General of the State of California, by Megan R.  
28 O'Carroll, Deputy Attorney General.

2. Respondent Boota Singh Chahil, M.D. (Respondent) is represented in this proceeding by attorney Richard Salinas, Esq., and Michael T. Kong, Esq. of Salinas Law Group, whose address is: 7108 N. Fresno Street, Suite 250, Fresno, CA 93720.

3. On or about February 23, 1994, the Board issued Physician's and Surgeon's Certificate No. A 52835 to Boota Singh Chahil, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-025577, and will expire on February 29, 2020, unless renewed.

#### JURISDICTION

4. Accusation No. 800-2016-025577 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 7, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-025577 is attached as exhibit A and incorporated herein by reference.

#### ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-025577. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

///

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2016-025577, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual  
7 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest  
8 those charges.

9 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
10 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the  
11 Disciplinary Order below.

12 CONTINGENCY

13 12. This stipulation shall be subject to approval by the Medical Board of California.  
14 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
15 Board of California may communicate directly with the Board regarding this stipulation and  
16 settlement, without notice to or participation by Respondent or his counsel. By signing the  
17 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
18 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
19 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
20 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
21 action between the parties, and the Board shall not be disqualified from further action by having  
22 considered this matter.

23 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
24 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
25 signatures thereto, shall have the same force and effect as the originals.

26 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
27 the Board may, without further notice or formal proceeding, issue and enter the following  
28 Disciplinary Order:

1 **DISCIPLINARY ORDER**

2 **A. PUBLIC REPRIMAND**

3 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 81272 issued  
4 to Respondent Boota Singh Chahil, M.D., shall be and is hereby publicly reprimanded pursuant to  
5 California Business and Professions Code, section 2227, subdivision (a)(4). This public  
6 reprimand, which is issued in connection with Respondent's care and treatment of a confidential  
7 patient, is based on the facts and allegations as set forth in Accusation No. 800-2016-025577.

8 **B. EDUCATION COURSE**

9 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to  
10 the Board or its designee for its prior approval educational program(s) or course(s) which shall  
11 not be less than 20 hours. The educational program(s) or course(s) shall be Category 1 certified,  
12 and shall focus on the subject of taking and performing complete patient history and physicals.  
13 The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition  
14 to the Continuing Medical Education (CME) requirements for renewal of licensure. Respondent  
15 shall provide proof of attendance to the Board or its designee of satisfaction of this requirement.

16 Failure to successfully complete and provide proof of attendance to the Board or its  
17 designee of the educational program(s) or course(s) within 12 months of the effective date of this  
18 Decision, unless the Board or its designee agrees in writing to an extension of that time, shall  
19 constitute general unprofessional conduct and may serve as the grounds for further disciplinary  
20 action.

21 **C. MEDICAL RECORD KEEPING COURSE**

22 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a  
23 course in medical record keeping approved in advance by the Board or its designee. Respondent  
24 shall provide the approved course provider with any information and documents that the approved  
25 course provider may deem pertinent. Respondent shall participate in and successfully complete  
26 the classroom component of the course not later than six (6) months after Respondent's initial  
27 enrollment. Respondent shall successfully complete any other component of the course within  
28 one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense

1 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
2 licensure.

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course. Failure to  
5 provide proof of successful completion of the course to the Board or its designee within twelve  
6 (12) months of the effective date of this Decision, unless the Board or its designee agrees in  
7 writing to an extension of that time, shall constitute general unprofessional conduct and may  
8 serve as the grounds for further disciplinary action.

9 ACCEPTANCE

10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
11 discussed it with my attorney, Richard Salinas, Esq. I understand the stipulation and the effect it  
12 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
13 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
14 Decision and Order of the Medical Board of California.

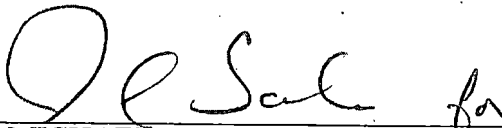
15  
16 DATED: 5/6/19



17 BOOTA SINGH CHAHIL, M.D.  
18 Respondent

19 I have read and fully discussed with Respondent Boota Singh Chahil, M.D. the terms and  
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
21 I approve its form and content.

22 DATED: 5/6/19



23 MICHAEL T. KONG, ESQ.  
24 Attorney for Respondent  
25  
26  
27  
28

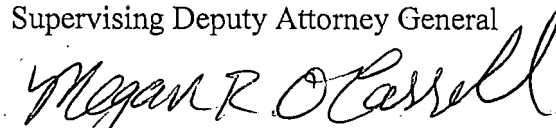
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 5-7-19

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
STEVEN D. MUNI  
Supervising Deputy Attorney General



MEGAN R. O'CARROLL  
Deputy Attorney General  
*Attorneys for Complainant*

FR2018300856  
Stipulated Settlement and Disciplinary Order.docx



**Exhibit A**

**Accusation No. 800-2016-025577**

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 MEGAN R. O'CARROLL  
Deputy Attorney General  
4 State Bar No. 215479  
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7

8 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Aug 7 20 18  
BY                      ANALYST

10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2016-025577

14 **Boota Singh Chahil, M.D.**  
15 **117 N. Akers St. # A**  
**Visalia, CA 93291**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 52835,**

18 Respondent.

19  
20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
24 Affairs (Board).

25 2. On or about February 23, 1994, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. A 52835 to Boota Singh Chahil, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on February 29, 2020, unless renewed.

## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code), unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

1 “(f) Any action or conduct which would have warranted the denial of a certificate.

2 “(g) The practice of medicine from this state into another state or country without meeting  
3 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
4 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
5 proposed registration program described in Section 2052.5.

6 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
7 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
8 who is the subject of an investigation by the board.”

9 6. Section 2266 of the Code states:

10 “The failure of a physician and surgeon to maintain adequate and accurate records relating  
11 to the provision of services to their patients constitutes unprofessional conduct.”

## 12 **FIRST CAUSE FOR DISCIPLINE**

### 13 **(Repeated Negligent Acts)**

14 7. Respondent Boota Singh Chahil, M.D., is subject to disciplinary action under section  
15 2234, subdivision (c), of the Code, in that he was repeatedly negligent. The circumstances are as  
16 follows:

17 8. Confidential Patient (CP), was an elderly woman with a history of diabetes,  
18 hypertension, hypercholesterolemia, cerebrovascular disease, Parkinson’s Disease, aortic stenosis,  
19 arthritis, and syncope. She was admitted to the hospital on or about May 15-17, 2012 with  
20 symptoms of a transient ischemic attack (TIA). Following her hospital stay, she followed up with  
21 her primary care physician, who referred her to Respondent, a neurologist, for neurological  
22 treatment.

23 9. CP saw Respondent for the first time on or about July 5, 2012. Respondent’s medical  
24 records of CP’s care are extremely limited in content. Respondent documented that the purpose  
25 of the visit was for episodes of difficulty with speech. He did not reference the previous history  
26 and treatment of the TIA admission and treatment. Respondent’s initial neurologic examination  
27 was noted to be normal except for a slow but steady gait. Respondent diagnosed CP with TIA,  
28 hypertension, diabetes, and high cholesterol. He recommended continuing current medications

1 and ordered a digital EEG. At the next appointment with Respondent on or about August 2, 2012,  
2 Respondent documented that CP had mild right sided weakness, left hemisphere slowing on EEG,  
3 and he diagnosed stroke.

4 10. On or about September 24, 2013, Respondent documented right upper extremity  
5 shaking and difficulty walking, a slight increase in tone in RUE, mild rigidity, and a slow gait.  
6 Respondent documented that he planned to try Sinemet. A partly typewritten document in CP's  
7 medical record was undated, and contained similar information and the word "Parkinsonism."  
8 The notes of October 22, 2013 and December 17, 2013 stated that CP was doing better. At these  
9 and later visits, Respondent did not investigate or document CP's memory dysfunction with a  
10 detailed mental status examination.

11 11. In or about March of 2014, CP was referred to Respondent by a different primary care  
12 physician following two episodes of passing out. On or about March 18, 2014, Respondent  
13 documented that CP had experienced two episodes of passing out and had gone to the emergency  
14 room. Respondent did not obtain the emergency room records for these episodes of syncope. He  
15 did not provide an opinion as to the etymology of these episodes. CP had an EEG in April of  
16 2014 that was normal. On or about April 15, 2014 and July 15, 2014, Respondent documented  
17 that CP was stable.

18 12. On August 27, 2015, CP was referred back to Respondent by another provider. In the  
19 year since her last visit with Respondent she had developed increased tone and rigidity.  
20 Respondent noted that CP had progressive Parkinsonism and prescribed transdermal Neupro.

21 13. Respondent next saw CP on or about December 11, 2015, at which appointment she  
22 was doing a little better, and Respondent doubled the Neupro. Respondent next saw CP on or  
23 about December 11, 2015, at which CP and her caregiver reported one episode of speech  
24 difficulty that lasted approximately 7-8 hours. Respondent indicated that the Neupro had been  
25 stopped, but he did not indicate who stopped it or why, and documented that CP had been started  
26 on aspirin. CP's caregiver stated that CP had a documented history of adverse reactions to  
27 Neupro, which Respondent ignored. On or about March 14, 2016, Respondent noted that CP had  
28

1 some agitation at night, so he changed Sinemet to the controlled release formulation and started  
2 Effexor.

3 14. At the next visit on or about May 18, 2016, CP noted she was unable to take Effexor  
4 and Respondent ordered the medication be stopped. Respondent suggested a DAT scan. In or  
5 about May of 2016, CP's caregiver reported that she experienced severe seizures and had been  
6 seen in the emergency room. The caregiver reported that CP had an appointment with  
7 Respondent during which she was actively seizing. On or about May 31, 2016, Respondent  
8 documented some shaking of CP's whole body and eyes rolling back. Respondent did not  
9 document a clear or adequate description or examination of CP's status or obtain the emergency  
10 department records for the seizure incident. Respondent directed CP to discontinue Aricept, and  
11 instead prescribed mysoline 50 mg twice per day. At the May 31, 2016, appointment, Respondent  
12 did not document a description of the abnormal movements.

13 15. CP's final visit with respondent was on or about August 18, 2016, and he reported  
14 that she was doing better. The plan was to continue all medications and follow up in two months.  
15 CP's caregiver complained that she had called Respondent multiple times to obtain refills on  
16 medication that CP was out of, but there is no notation in the files about these calls or an issue  
17 with the medication running out. CP transferred her care to another neurologist.

18 16. Respondent was repeatedly negligent in his care and treatment of CP for his acts  
19 including, but not limited to, the following:

20 a. Failing to document the medical record with adequate descriptions of CP's mental  
21 status, examinations, medication history, potential differential diagnoses, or adverse events;

22 b. Failing to perform an adequate examination of CP, including vital signs and mental  
23 status examinations during any of his appointments with her;

24 c. Failing to investigate and consider differential diagnoses other than Parkinson's disease  
25 for CP's symptoms; and

26 d. Failing to obtain CP's complete medication list, or obtain records of outside records and  
27 emergency room treatment.

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17. Respondent Boota Singh Chahil, M.D., is subject to disciplinary action under section 2266, of the Code, in he failed to adequately and accurately document the medical record.

19. As set forth in paragraphs 7 through 16, above, Respondent failed to adequately and accurately document the provision of care to CP, thus subjecting his license to discipline.

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

2. Revoking, suspending or denying approval of Booda Singh Chahal, M.D.'s authority to supervise physician assistants and advanced practice nurses;

4. Taking such other and further action as deemed necessary and proper.

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

6